

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
City of Kosciusko Special Election

Name of Candidate Marvin "Pop" LawrenceAddress 308 Lucas St. Kosciusko, MS 39090Telephone (662) 289-2754 Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Office Sought Alderman Ward 1 Political Party Independent☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☒ March 9, 2010 Pre-Election Report (January 1, 2010, through March 8, 2010).....Mandatory
- \_\_\_\_ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make  
Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate  
reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0 = \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 1,023.30 + \$ 0 = \$ 1,023.30	\$ 1,023.30	\$ 1,023.30
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Marvin "Pop" Lawrence  
Signature of Candidate

5-4-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39208 or fax to 601-359-1499 or 601-676-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Marvin "Pop" Lawrence

Reporting period

through

March 16**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

